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Application Number **MULTIPLE DEPENDENT CLAIM** FEE CALCULATION SHEET Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May he used for additional claims or amendments 8 106 CLAIMS AFTER FIRST AFTER SECUND AS FILED **AMENDMENT AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Total Total Indep Indep Total Total ID Depend Depend Total Total Claims Claims

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